FI 40B 7/2001 Division of Finance

Date

(mm/dd/yy)

From

(location)



Beginning

Mileage

Ending

Mileage

Fund

Miles

Driven

То

(location)

Employee Name	e:		Title: _	
Employee Numb	oer:		Payroll Period: _	
Agency Code:	270	Low Ora:	Dist ·	

Reptg

Catg

Project/

Job

Business Purpose

of Miles Driven

Activity

Approp

Unit

PRIVATE VEHICLE USAGE REPORT FOR REIMBURSEMENT AT .365 PER MILE

Agency

Low Org

I hereby certify that this mileage was incurred on official State business and that the amounts are correct and proper.						X \$.365 = Total Amount (DOE 09)				* Reason(s) for reimbursing at .365 cents per mile: 1 - State fleet vehicle not available 2 - Time required to obtain state vehicle not cost effective 3 - Short distance to drive but ties up vehicle all day 4 - State fleet vehicle not available that meets program needs 5 - Other - Attach documentation Dept. of Health				
Signature of Traveler					•		Date				Agency N	ame	Division	
Reviewed	and Approved	I - Agency Hea	ad/Immediate \$	Supervisor Sigi	nature	•		Payre	oll Clerk - In	itial and	Date			